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DEPARTMENT OF PUBLIC WELFARE

TO: Mental Retardation Planning Council

Dec. 12, 1966

Community Mental Health Programs

Attention: Board Chairmen
Program Directors

Medical Services Division Institutions

Attention: Medical Directors
Administrators

Education Department, Special Education Division

Task Force

Mental Health Medical Policy Committee

Cabinet

FROM: David J. Vail, M. D.
Medical Director

SUBJECT: December, 1956 Recommendations on the program for the mentally
retarded; Recommendations on community programs

Looking through some old material recently, with regard to some historical research I have been doing, I came across the December, 1956, Minnesota Mental Health Survey. I thought these recommendations on the program for the mentally retarded and various aspects of community mental health programs might interest you; especially as regards programs since 1956 and the fulfillment of these recommendations.

I think it is interesting to note how some of the ideas here are fresh and current and others seem quaint and dated. It gives one pause to consider how recommendations we are now making may appear in ten years' time.

DJV:rcj
Enclosures

Minnesota Mental Health Survey
December 1956

Recommendations on the program for the mentally retarded

1. A separate administrative unit should be set up immediately within the Department of Public Welfare to assume total responsibility for all phases of institutional and communitywide programs for the mentally retarded. This unit should be under medical supervision.
2. Vigorous steps should be taken to expand the special class program in local communities for both the educable and trainable retarded. A stipend program has been organized to help recruit properly-qualified teachers. This whole area of special classes, recruiting and training of teachers should be worked out with the State Department of Education under whose jurisdiction the classes should be. In-service training programs for teachers should be established at Faribault and at the new institution at Brainerd when it is completed.
3. There should be every effort to provide immediately a ratio of 1 nurse to 100 patients in order to give adequate, direct professional care to patients and to give on-the-job assistance and supervision to aides. The present ratio is 1 nurse to 218 patients. Thus, an additional 17 nurses are needed. The long-range goal should be 1 nurse to 40 patients.
4. The number of psychiatric aides should be increased to provide a 1 to 7 ratio as soon as possible. Present ratio is 1 to 9. The long-range goal should be 1 aide to 5 patients.
5. A continuation and expansion of the present on-the-job training program for aides is necessary in order to assure good bedside care. An in-service type of professional nursing education program should be developed in each institution in order to attract nurses to the field of nursing for the mentally retarded and to assist them in attaining a higher degree of skill in caring for this group of patients.
6. There should be immediate development of a nursing administrative staff in institutions for the retarded. More than one-half of the employed personnel are in the nursing service. It is wasteful and uneconomical not to provide leaders for this large group of workers, particularly for the semi-skilled aides.
7. A well-organized research program should be developed in any new institution for the retarded as well as in those already established.
8. New construction, as recommended in the special report on building, is needed urgently. The proposed new building at Brainerd, as well as other units, are required to remedy dangerous situations.
9. Besides the need for increased staff in the nursing services, many new workers are needed as soon as possible.

Recommendations on the program for the mentally retarded - #2

Inasmuch as almost all patients at Cambridge and Faribault have neurological problems, there should be 2 neurologists at each of these institutions. At least 11 new social workers should be employed: 3 at Owatonna, 5 at Faribault and 3 at Cambridge.

A new position of school psychologist should be created at the Clinical Psychologist II level so that the institutions for the retarded can employ persons trained in mental testing and in remedial work in reading and arithmetic.

Three persons should be added to the psychological staff of the Faribault institution. The clinical psychologist position at Cambridge should be filled as soon as possible, and 2 additional psychologists or school psychologists should be employed, thus increasing the staff from none to 3. These psychologists should be qualified in the use of projective techniques and psychotherapy as well as in psychometric testing.

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Minnesota Mental Health Survey
December 1956

Recommendations on Mental Health Centers

1. Outpatient clinics should be increased in the state with particular emphasis on those areas now without such service. These include the northwestern, central and southwestern sections of the state.

In the establishing of new clinics, special consideration should be given to some adaptation of the New York plan whereby the local community, state voluntary agencies such as the Minnesota Mental Health association and the State Department of Public Welfare share responsibility. The New York plan, known as the Community Services Act, provides matching state funds of up to \$1.00 per capita. A similar matching-funds plan should be part of any Minnesota program. This type of cooperative support, which requires local administration with a minimum of state supervision, is far superior to the superimposing of a clinic on a community that may not be ready to accept it or make the fullest use of its facilities.

2. County welfare boards should be encouraged and helped to participate directly in certain, well-defined segments of the mental health program, particularly the follow-up of discharged hospital patients. They should act as the coordinating agency among groups and organizations which provide a service in the mental health field.

3. Follow-up and evaluation work should be a part of the program of all outpatient clinics.

4. Specific discharge plans should be prepared by the hospitals in collaboration with the family and community agencies before the patient is discharged. These plans should be forwarded to the outpatient clinic, the welfare board or other involved agencies or professional persons so that the process of care can be continuous.

5. The commitment procedure should be examined with consideration of the role that may be played by outpatient clinics and other agencies in making the procedure less upsetting to the patient.

6. The Department of Public Welfare should make a special study of the staffing patterns of outpatient clinics in Minnesota and other states in order to determine the best and most feasible pattern.

Minnesota Mental Health Survey
December 1956

Recommendations on social services

1. Legislative and administrative encouragement should be given to the continued expansion of already-existing community social services, particularly to the county welfare boards which provide the only state-wide system of social welfare services.
2. Efforts should be made, with the help of county welfare boards, to develop a foster home program for discharged mental hospital patients.
3. The inservice training programs begun recently for county welfare workers by the Department of Public Welfare should be expanded.
4. More specialized consulting staff within the Department of Public Welfare is necessary if counties are to have the help needed to develop their social services in a way that will permit them to participate more meaningfully in the mental health program.

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Recommendations on rehabilitative services

1. The whole area of rehabilitation of the mentally ill represents a problem of such magnitude that it requires a separate, long-range study. Th committee urges such a study be undertaken within the next two years.
2. It is recommended that community mental health self-surveys be made in all our larger population centers in order to determine the existing resources for a rehabilitation program, the needs of the community, and the potential support for a rehabilitation center. This information would supplement the larger study.

Minnesota Mental Health Survey
December 1956

Recommendations on community volunteer services

1. A specific program for volunteer participation at the community level should be worked out by the state volunteer coordinator in cooperation with citizen groups, clinic staffs and county welfare workers.
2. Community mental health councils should be organized in counties over the state to provide a core of interested, informed citizens who would help plan to meet community mental health needs as well as provide volunteer services.

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